

L04000040553

Division of Corporations

P. 01/02

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : LYONS & LYONS, P.A.  
Account Number : I20030000061  
Phone : (239)948-1823  
Fax Number : (239)948-1826

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**S & R Old 41, LLC**

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## Articles of Organization of S & R OLD 41, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

1. NAME

The name of the Limited Liability Company is: **S & R OLD 41, LLC**

2. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**10177 Boca Circle  
Naples, FL 34109**

3. REGISTERED AGENT

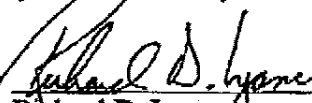
The name and the Florida street address of the initial registered agent are:

**Richard D. Lyons  
Lyons & Lyons, P.A.  
25241 Elementary Way, Suite 206  
Bonita Springs, FL 34135**

4. MANAGEMENT

The Limited Liability Company is to be managed by its members and is therefore a member managed limited liability company.

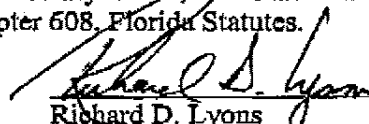
IN WITNESS WHEREOF, I, Richard D. Lyons, have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 27th day of May, 2004.



Richard D. Lyons  
Authorized Representative of a Member

### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.



Richard D. Lyons  
Registered Agent